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FURIN 3A	For Other T	han An Authorize		Office Use Only	
NAME OF COMMITTEE (in full)	TYPE OR PR		kample: If typing, type ver the lines.		
ADDRESS (number and structure than previously reported. (ACC) 2. FEC IDENTIFICATION COOSSISSIONE COOSSISSIONE	eet) KHS	HELLEY CITY 3. IS THIS	. NEW	STATE A	7.978-12906 ZIP CODE A
4. TYPE OF REPOR	RT (b) Monthi Report Due O		2) May 20		Year Only)
(a) Quarterly Reports April 15 Quarterly Re July 15 Quarterly Re October 15 Quarterly Re January 31	eport (Q1) (c) 1;	Apr 20 (M4 2-Day RE-Election leport for the:	Primary (12P) Convention (12C)	General (12	G) Runoff (12R) S)
Year-End Re July 31 Mid- Report (Non Year Only) (Termination (TER)	Year (d) 3(helection P	O-Day OST-Election eport for the:	General (30G)	Runoff (30R	State of Special (30S) in the State of State of State
5. Covering Period	03'01	2014	through	23'25'	2014
I certify that I have examine Type or Print Name of True		to the best of my kr	_	t is true, correct and c	omplete.
Signature of Treasurer	heely	Scolf Ho	elf	Date 03	25 2015
NOTE: Submission of false	, erroneous, or incom	plete information may	subject the person sig	ning this Report to the	penalties of 2 U.S.C. §437g.